



ICD-10-CM Coding Training

Part 4

For Children's Developmental Services Agencies

Chapter 1 – Certain Infectious and Parasitic Diseases (A00 – B99)

Chapter 2 – Neoplasms (C00 – D44)

Chapter 3 – Diseases of the Blood and Blood-forming Organs and Certain Disorders Involving the Immune Mechanism (D50-D89)

Chapter 4 – Endocrine, Nutritional and Metabolic Diseases (E00-E89)

Chapter 7 – Diseases of the eye and adnexa (H00-H59)

Chapter 8 – Diseases of the ear and mastoid process (H60-H95)

Chapter 9 – Diseases of the circulatory system (I00-I99)

Chapter 10 – Diseases of the respiratory system (J00-J99)

Chapter 11 – Diseases of the digestive system (K00-K95)

Chapter 12 – Diseases of the skin and subcutaneous tissue (L00-L99)

Chapter 14 – Diseases of the genitourinary system (N00-N99)

Chapter 15 – Pregnancy, childbirth and the puerperium (O00-O9A)

Chapter 19 – Injury, poisoning, and certain other consequences of external causes (S00-T88)

Chapter 20 – External causes of morbidity (V01-Y99)



Part 4

Training Objectives

- Develop a general understanding of the content of the remaining Chapters of ICD-10-CM
- Understand any coding guidelines specific to the Chapters that are relevant for CDSA stakeholders
- Demonstrate how to accurately assign ICD-10-CM codes to diagnoses within the remaining Chapters

NOTE: In order to complete this training, access to ICD-10-CM code books, computer assisted coding software or downloads of the 2014 version of ICD-10-CM from the CDC is needed



Chapter 1

Certain Infectious and Parasitic Diseases

- **Infectious Diseases** – pathogens invade the body and cause a disease
- **Parasitic Diseases** – parasite lives within a host organism and causes disease in the host
- **Code Range: A00-B99**
 - **Includes:** diseases generally recognized as communicable or transmissible
 - **Use additional** code to identify resistance to antimicrobial drugs (Z16~)
 - **Excludes1:**
 - certain localized infections ~ see body system-related chapters
 - infectious and parasitic diseases complicating pregnancy, childbirth and the puerperium (O98.~)
 - influenza and other acute respiratory infections (J00-J22)
 - **Excludes2:**
 - carrier or suspected carrier of infectious disease (Z22.~)
 - infectious and parasitic diseases specific to the perinatal period (P35-P39)



Chapter 1

Certain Infectious and Parasitic Diseases

Content

Chapter 1 contains the following blocks – 1st character A or B

| | | | |
|---------|--|---------|---|
| A00-A09 | Intestinal infectious diseases | B10 | Other human herpes viruses |
| A15-A19 | Tuberculosis | B15-B19 | Viral hepatitis |
| A20-A28 | Certain zoonotic bacterial diseases | B20 | Human immunodeficiency virus [HIV] disease |
| A30-A49 | Other bacterial diseases | B25-B34 | Other viral diseases |
| A50-A64 | Infections with a predominantly sexual mode of transmission | B35-B49 | Mycoses |
| A65-A69 | Other spirochetal diseases | B50-B64 | Protozoal diseases |
| A70-A74 | Other diseases caused by chlamydiae | B65-B83 | Helminthiases |
| A75-A79 | Rickettsioses | B85-B89 | Pediculosis, acariasis and other infestations |
| A80-A89 | Viral and prion infections of the central nervous system | B90-B94 | Sequelae of infectious and parasitic diseases |
| A90-A99 | Arthropod-borne viral fevers and viral hemorrhagic fevers | B95-B97 | Bacterial and viral infectious agents |
| B00-B09 | Viral infections characterized by skin and mucous membrane lesions | B99 | Other infectious diseases |



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – HIV

- HIV Infections
 - Code only confirmed cases of HIV infection/illness
 - Confirmation does not require documentation of positive serology or culture for HIV
 - Provider's statement that client is HIV positive, or has an HIV-related illness, is sufficient
 - If client is HIV positive and asymptomatic, do not code from Chapter 1
- HIV testing ~ Z11.4, Encounter for screening for HIV
 - Use additional codes for any associated high risk behavior (e.g., Z72.5~, High risk sexual behavior) or for any counseling provided (Z71.7)

Human immunodeficiency virus [HIV] disease (B20)

B20 Human immunodeficiency virus [HIV] disease

Includes: acquired immune deficiency syndrome [AIDS]
AIDS-related complex [ARC]
HIV infection, symptomatic

Code first Human immunodeficiency virus [HIV] disease complicating pregnancy, childbirth and the puerperium, if applicable (O98.7-)

Use additional code(s) to identify all manifestations of HIV infection

Excludes1: asymptomatic human immunodeficiency virus [HIV] infection status (Z21)
exposure to HIV virus (Z20.6)
inconclusive serologic evidence of HIV (R75)



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – Other Infections

- Infectious agents as cause of diseases classified to other chapters
 - If organism is not identified as part of the infections code, use additional code from Chapter 1 to identify the organism
 - N43 Hydrocele and spermatocele**
 - Includes:** hydrocele of spermatic cord, testis or tunica vaginalis
 - Excludes1:** congenital hydrocele (P83.5)
 - N43.0 Encysted hydrocele**
 - N43.1 Infected hydrocele**
 - Use additional code (B95-B97), to identify infectious agent**
- Infections resistant to antimicrobial drugs
 - Code first the infection
 - Assign additional code from category Z16 to identify resistance/non-responsiveness of a condition to antimicrobial drugs unless
 - Infection code identifies drug resistance (e.g., Methicillin resistant *Staphylococcus aureus* pneumonia, J15.212)



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – MRSA

- Methicillin Resistant Staphylococcus aureus (MRSA) conditions
 - If there is a combination code that includes the causal organism:
 - Assign the combination code (e.g., J15.212, Pneumonia due to Methicillin resistant Staphylococcus aureus)
 - Do Not assign B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere, as additional code
 - Do Not assign a code from Z16, Resistance to antimicrobial drugs
 - If there is documentation of a current infection (e.g., UTI) due to MRSA and there is no combination code that includes the causal organism:
 - List first the infection (e.g., N39.0, Urinary Tract Infection, site not specified)
 - Assign B95.62, Methicillin resistant Staphylococcus aureus infection as the cause of diseases classified elsewhere, as an additional code
 - Do Not assign code Z16.11, Resistance to penicillins



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – MRSA and MSSA Colonization

- Methicillin susceptible *Staphylococcus aureus* (MSSA) and MRSA colonization
 - Colonization means that MSSA or MRSA is present on or in the body without necessarily causing illness
 - A positive MRSA colonization test might be documented by a clinician as “MRSA screen positive” or “MRSA nasal swab positive”
 - For clients documented as having MRSA colonization, assign code Z22.322, Carrier or suspected carrier of Methicillin resistant *Staphylococcus aureus*
 - For clients documented as having MSSA colonization, assign code Z22.321, Carrier or suspected carrier of Methicillin susceptible *Staphylococcus aureus*
 - If a client has MRSA colonization and an infection, code Z22.322 and the MRSA infection



Chapter 1

Certain Infectious and Parasitic Diseases

Coding Guidance – Sepsis

- For a diagnosis of sepsis, assign the appropriate code for the underlying systemic infection
 - If type of infection or causal organism is not further specified, use A41.9
- Severe Sepsis, R65.2, should not be assigned unless Severe Sepsis or an associated organ dysfunction is documented:
 - Negative or inconclusive blood cultures do not preclude diagnosis of sepsis; Any clinical evidence of the condition must be documented
 - Urosepsis is a nonspecific term and there is not default code
 - Sepsis with organ dysfunction – follow instructions for coding severe sepsis
 - Acute organ dysfunction not clearly associated with sepsis
 - If there is documentation that acute organ dysfunction is related to a medical condition other than sepsis, do not assign Severe Sepsis code
 - If the documentation is not clear as to cause of organ dysfunction, query the clinician
- For further guidance related to Sepsis, refer to Coding Guidelines



Chapter 2 ~ Neoplasms

Content

Chapter 2 contains the following blocks – 1st character C or D

| | |
|---|--|
| C00-C14 Malignant neoplasms of lip, oral cavity and pharynx | C73-C75 Malignant neoplasms of thyroid and other endocrine glands |
| C15-C26 Malignant neoplasms of digestive organs | C7A Malignant neuroendocrine tumors |
| C30-C39 Malignant neoplasms of respiratory and intrathoracic organs | C7B Secondary neuroendocrine tumors |
| C40-C41 Malignant neoplasms of bone and articular cartilage | C76-C80 Malignant neoplasms of ill-defined, other secondary and unspecified sites |
| C43-C44 Melanoma and other malignant neoplasms of skin | C81-C96 Malignant neoplasms of lymphoid, hematopoietic and related tissue |
| C45-C49 Malignant neoplasms of mesothelial & soft tissue | D00-D09 In situ neoplasms |
| C50 Malignant neoplasms of breast | D10-D36 Benign neoplasms, except benign neuroendocrine tumors |
| C51-C58 Malignant neoplasms of female genital organs | D3A Benign neuroendocrine tumors |
| C60-C63 Malignant neoplasms of male genital organs | D37-D48 Neoplasms of uncertain behavior, polycythemia vera & myelodysplastic syndromes |
| C64-C68 Malignant neoplasms of urinary tract | D49 Neoplasms of unspecified behavior |
| C69-C72 Malignant neoplasms of eye, brain and other parts of central nervous system | |



Chapter 2 –Neoplasms

Instructional Notes

- **Code Range: C00~D49**
- All neoplasms are classified in Chapter 2, whether functionally active or not
- An additional code from Chapter 4 may be used, to identify functional activity associated with any neoplasm
- **Morphology [Histology]**
 - Neoplasms classified primarily by site (topography), with broad groupings for behavior (e.g., malignant, in situ, benign, etc.)
 - The Table of Neoplasms should be used to identify the correct topography code
 - Exercise: Neuroblastoma of the right adrenal gland
 - In a few cases the morphology is included in the category and codes (e.g., Category C43, Malignant melanoma)



Chapter 2 – Neoplasms

Instructional Notes

- Primary malignant neoplasms overlapping site boundaries
 - A primary malignant neoplasm that overlaps two or more contiguous (next to each other) sites should be classified to the subcategory/code .8 ('overlapping lesion') unless the combination is specifically indexed elsewhere
 - **C50.811 Malignant neoplasm of overlapping sites of right female breast**
 - For multiple neoplasms of the same site that are **not** contiguous, codes for each site should be assigned
 - **C50.111 Malignant neoplasm of central portion of right female breast**
 - **C50.211 Malignant neoplasm of upper-inner quadrant of right female breast**
 - From Coding Guidelines: Clinician needs to specify if the multiple neoplasms are different primaries or metastatic disease (secondary)

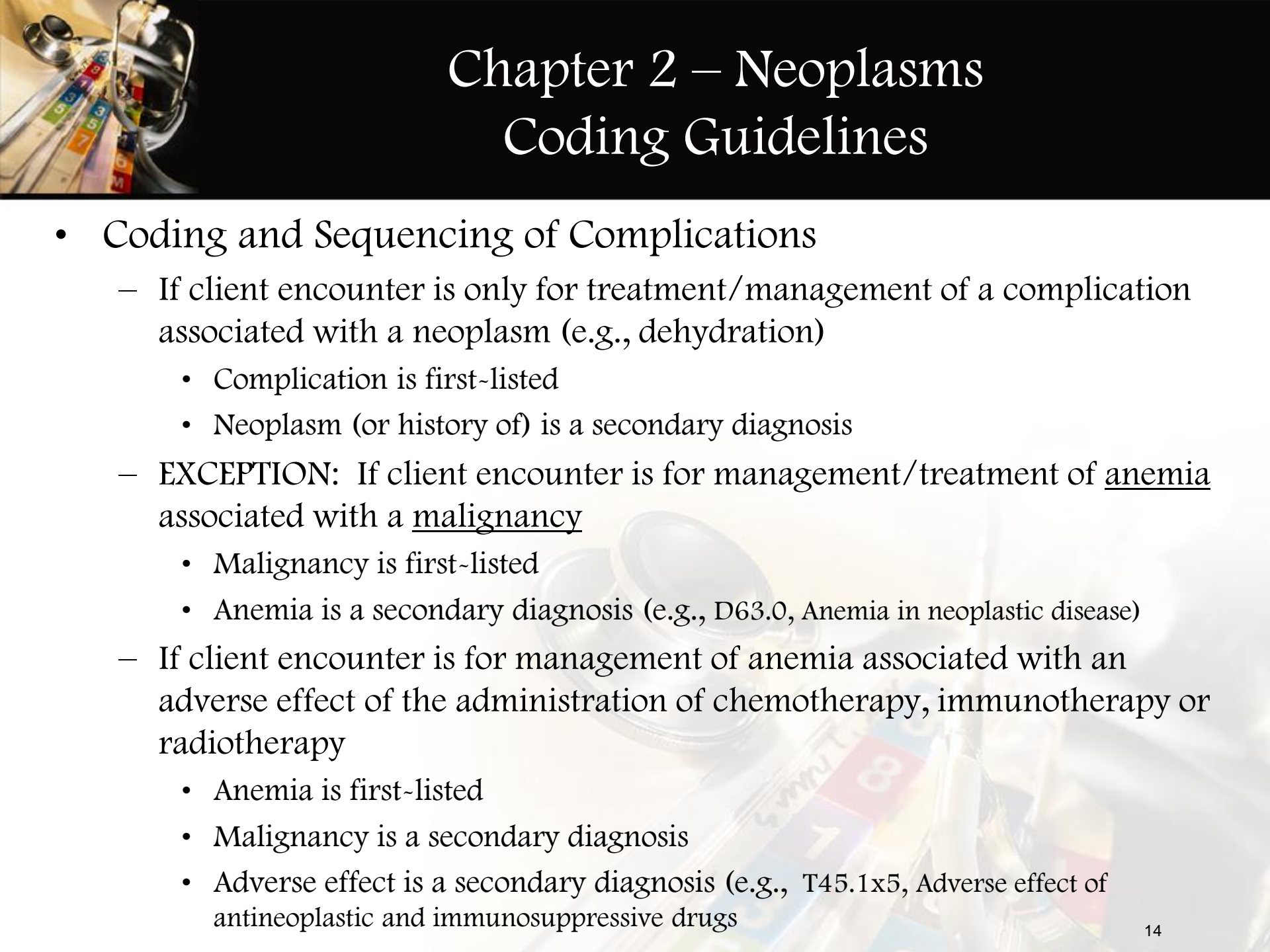


Chapter 2 – Neoplasms

Coding Guidelines

- Treatment directed at the malignancy
 - If client encounter is related to the primary malignancy, the primary malignancy will be the first-listed diagnosis
 - If client encounter is solely related to a secondary (metastatic) malignancy, the secondary malignancy will be the first-listed diagnosis





Chapter 2 – Neoplasms

Coding Guidelines


- Coding and Sequencing of Complications
 - If client encounter is only for treatment/management of a complication associated with a neoplasm (e.g., dehydration)
 - Complication is first-listed
 - Neoplasm (or history of) is a secondary diagnosis
 - EXCEPTION: If client encounter is for management/treatment of anemia associated with a malignancy
 - Malignancy is first-listed
 - Anemia is a secondary diagnosis (e.g., D63.0, Anemia in neoplastic disease)
 - If client encounter is for management of anemia associated with an adverse effect of the administration of chemotherapy, immunotherapy or radiotherapy
 - Anemia is first-listed
 - Malignancy is a secondary diagnosis
 - Adverse effect is a secondary diagnosis (e.g., T45.1x5, Adverse effect of antineoplastic and immunosuppressive drugs)



Chapter 2 – Neoplasms

Coding Guidelines

- Coding and Sequencing of Complications (cont'd)
 - If client encounter is for the purpose of radiotherapy, immunotherapy or chemotherapy and complications occur (e.g., uncontrolled nausea and vomiting, dehydration)
 - Reason for the encounter is first-listed (e.g., Z51.0, Encounter for antineoplastic radiation therapy)
 - Type of complication(s) are secondary diagnoses
 - If client encounter is for a pathological fracture due to a neoplasm
 - If focus of treatment is the fracture
 - First-listed will be a code from subcategory M84.5, Pathological fracture in neoplastic disease
 - Neoplasm is a secondary diagnosis
 - If focus of treatment is the neoplasm
 - First-listed will be the neoplasm
 - A code from subcategory M84.5, Pathological fracture in neoplastic disease will be a secondary diagnosis



Chapter 2 – Neoplasms

Coding Guidelines

- Primary malignancy previously excised or eradicated from its site
 - If further treatment (e.g., additional surgery, chemo) is directed to the site, code the primary malignancy code until treatment is complete
 - If no further treatment is directed to the site and no evidence of any existing primary malignancy
 - A code from Z85, Personal history of malignant neoplasm should be used to indicate the former site of the malignancy
 - Example: **Z85.3 Personal history of malignant neoplasm of breast**
 - Any mention of extension, invasion, or metastasis to another site is coded as a secondary malignant neoplasm to that site
 - The secondary site would be first listed
 - The Z85 code would be a secondary diagnosis



Chapter 2 – Neoplasms

Coding Guidelines

- Disseminated malignant neoplasm, unspecified
 - Use Code C80.0 only in cases where
 - Client has advanced metastatic disease
 - No known primary or secondary sites are specified
- Malignant neoplasm without specification of site
 - Use Code C80.1 only in cases where no determination can be made as to the primary site of a malignancy

C80 Malignant neoplasm without specification of site

Excludes1: malignant carcinoid tumor of unspecified site (C7A.00)
malignant neoplasm of specified multiple sites- code to each site

C80.0 Disseminated malignant neoplasm, unspecified

Carcinomatosis NOS

Generalized cancer, unspecified site (primary) (secondary)

Generalized malignancy, unspecified site (primary) (secondary)

C80.1 Malignant (primary) neoplasm, unspecified

Cancer NOS

Cancer unspecified site (primary)

Carcinoma unspecified site (primary)

Malignancy unspecified site (primary)

Excludes1: secondary malignant neoplasm of unspecified site (C79.9)



Chapter 3 ~ Diseases of the Blood...and Certain Disorders Involving the Immune Mechanism

Content

Chapter 3 contains the following blocks – 1st character D

| | |
|--|---|
| D50-D53 Nutritional anemias | D70-D77 Other disorders of blood and blood-forming organs |
| D55-D59 Hemolytic anemias | D78 Intraoperative and postprocedural complications of the spleen |
| D60-D64 Aplastic and other anemias and other bone marrow failure syndromes | D80-D89 Certain disorders involving the immune mechanism |
| D65-D69 Coagulation defects, purpura and other hemorrhagic conditions | |



Chapter 3

Diseases of the Blood and Blood-Forming Organs and Certain Disorders Involving the Immune Mechanism

- **Code Range: D50~D89**
- Classification codes for folate deficiency anemia have been expanded to distinguish between dietary, drug-induced and other causal factors
- Thalassemia codes have been expanded to identify the disorder by the clinical type (e.g., Alpha, Delta-beta, etc)
- Sickle cell crisis codes are a combination code reportable by a single classification code
 - Example: D57.01 Hb-SS disease with acute chest syndrome
- Instructional notes in Chapter 3 provide direction for first-listed codes



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Content

Chapter 4 contains the following blocks – 1st character is E

| | |
|---|--|
| E00-E07 Disorders of thyroid gland | E40-E46 Malnutrition |
| E08-E13 Diabetes mellitus | E50-E64 Other nutritional deficiencies |
| E15-E16 Other disorders of glucose regulation and pancreatic internal secretion | E65-E68 Overweight, obesity and other hyperalimentation |
| E20-E35 Disorders of other endocrine glands | E70-E88 Metabolic disorders |
| E36 Intraoperative complications of endocrine system | E89 Postprocedural endocrine and metabolic complications and disorders, not elsewhere classified |



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Diabetes Mellitus

- **Code Range: E00~E89**
- Instead of a single category as in ICD-9-CM, there are 5 categories
 - E08 – Diabetes Mellitus due to underlying condition
 - E09 – Drug or chemical induced Diabetes Mellitus
 - E10 – Type 1 Diabetes Mellitus
 - E11 – Type 2 Diabetes Mellitus
 - E13 – Other specified Diabetes Mellitus
- The diabetes mellitus codes are combination codes that include:
 - type of diabetes mellitus
 - body system affected
 - complications affecting that body system

E10.4 Type 1 diabetes mellitus with neurological complications

E10.40 Type 1 diabetes mellitus with diabetic neuropathy, unspecified

E10.41 Type 1 diabetes mellitus with diabetic mononeuropathy

E10.42 Type 1 diabetes mellitus with diabetic polyneuropathy
Type 1 diabetes mellitus with diabetic neuralgia



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Coding Guidance – Diabetes Mellitus

- For Diabetes Mellitus codes:
 - 4th Character = underlying conditions with specified complications
 - 5th Character = specific manifestations
 - 6th Character = even further manifestations
- As many codes within a particular category as are necessary to describe all of the complications of the disease may be used
- Most Type 1 diabetics develop the condition before reaching puberty but age is not the sole determining factor
- All of the categories, except E10, have an instructional note to use an additional code for any long term insulin use (Z79.4)
- If the Type is not documented, the default is E11.~, Type 2 Diabetes Mellitus



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Coding Guidance – Diabetes Mellitus

- Complications due to insulin pump malfunction
 - Underdose of insulin due to insulin pump failure
 - Assign first-listed code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts
 - Secondary code is T38.3x6-, Underdosing of insulin and oral hypoglycemic [antidiabetic] drugs
 - Also assign additional codes for the type of Diabetes and any associated complications due to the underdosing
 - Overdose of insulin due to insulin pump failure
 - Assign first-listed code from subcategory T85.6, Mechanical complication of other specified internal and external prosthetic devices, implants and grafts
 - Secondary code is T38.3x1-, Poisoning by insulin and oral hypoglycemic [antidiabetic] drugs, accidental (unintentional)
 - Also assign additional codes for the type of Diabetes and any associated complications due to the overdosing



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Coding Guidance – Diabetes Mellitus

- Secondary Diabetes Mellitus
 - Secondary codes are in categories
 - E08, Diabetes mellitus due to underlying condition
 - E09, Drug or chemical induced diabetes mellitus
 - E13, Other specified diabetes mellitus
 - Always caused by another condition or event (e.g., cystic fibrosis, malignant neoplasm of pancreas, adverse effect of drug, or poisoning)
 - Follow Tabular List instructions to determine sequencing of codes
 - If diabetes mellitus is due to the surgical removal of all or part of the pancreas (postpancreatectomy)
 - Assign code E89.1, Postprocedural hypoinsulinemia as first-listed
 - Assign secondary code from category E13, Other specified Diabetes Mellitus
 - Assign secondary code from subcategory Z90.41~, Acquired absence of pancreas
 - Assign secondary code for long term insulin use, Z79.4



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Documentation Differences

- Diabetes Mellitus
 - Controlled and Uncontrolled are no longer a factor in code selection
 - Uncontrolled is coded to Diabetes, by type, with hyperglycemia
 - E10.65 Type 1 diabetes mellitus with hyperglycemia
- More specific information is needed to assign codes in Chapter 4
 - Metabolic disorders require greater detail related to specific amino acid, carbohydrate, or lipid enzyme deficiency responsible for the metabolic disorder
 - Cushing's syndrome is now differentiated by type and cause
 - More specific information is required to code disorders of the parathyroid gland
 - Vitamins, mineral, and other nutritional deficiencies require more information on the specific vitamin(s) and mineral(s)



Chapter 4

Endocrine, Nutritional and Metabolic Diseases

Obesity

- Obesity codes are expanded

E66 Overweight and obesity

Code first obesity complicating pregnancy, childbirth and the puerperium, if applicable (O99.21-)

Use additional code to identify body mass index (BMI), if known (Z68.-)

Excludes1: adiposogenital dystrophy (E23.6)
lipomatosis NOS (E88.2)
lipomatosis dolorosa [Dercum] (E88.2)
Prader-Willi syndrome (Q87.1)

E66.0 Obesity due to excess calories

E66.01 Morbid (severe) obesity due to excess calories

Excludes1: morbid (severe) obesity with alveolar hypoventilation (E66.2)

E66.09 Other obesity due to excess calories

Body mass index [BMI] (Z68)

Z68 Body mass index [BMI]

Kilograms per meters squared

Note: BMI adult codes are for use for persons 21 years of age or older

BMI pediatric codes are for use for persons 2-20 years of age. These percentiles are based on the growth charts published by the Centers for Disease Control and Prevention (CDC)

Z68.1 Body mass index (BMI) 19 or less, adult

Z68.2 Body mass index (BMI) 20-29, adult

Z68.20 Body mass index (BMI) 20.0-20.9, adult

Z68.21 Body mass index (BMI) 21.0-21.9, adult



Chapter 7

Diseases of the eye and adnexa

Content

- Code Range: H00~H59

Chapter 7 contains the following block – 1st character is H

| | |
|---|--|
| H00-H05 Disorders of eyelid, lacrimal system and orbit | H43-H44 Disorders of vitreous body and globe |
| H10-H11 Disorders of conjunctiva | H46-H47 Disorders of optic nerve and visual pathways |
| H15-H22 Disorders of sclera, cornea, iris and ciliary body | H49-H52 Disorders of ocular muscles, binocular movement, accommodation and refraction |
| H25-H28 Disorders of lens | H53-H54 Visual disturbances and blindness |
| H30-H36 Disorders of choroid and retina | H55-H57 Other disorders of eye and adnexa |
| H40-H42 Glaucoma | H59 Intraoperative and postprocedural complications and disorders of eye and adnexa, not elsewhere classified |



Chapter 8

Diseases of the ear and mastoid process

Content

- **Code Range: H60~H95**

Chapter 8 contains the following block – 1st character is H

| | |
|---|---|
| H60-H62 Diseases of external ear | H90-H94 Other disorders of ear |
| H65-H75 Diseases of middle ear and mastoid | H95 Intraoperative and postprocedural complications and disorders of ear and mastoid process, not elsewhere classified |
| H80-H83 Diseases of inner ear | |

H72 Perforation of tympanic membrane

Includes: persistent post-traumatic perforation of ear drum
postinflammatory perforation of ear drum

Code first any associated otitis media (H65.-, H66.1-, H66.2-, H66.3-, H66.4-, H66.9-, H67.-)

Excludes1: acute suppurative otitis media with rupture of the tympanic membrane (H66.01-)
traumatic rupture of ear drum (S09.2-)



Chapter 8

Diseases of the ear and mastoid process

Content

H62 Disorders of external ear in diseases classified elsewhere

H62.4 Otitis externa in other diseases classified elsewhere

Code first underlying disease, such as:
erysipelas (A46)
impetigo (L01.0)

Excludes1: otitis externa (in):
candidiasis (B37.84)
herpes viral [herpes simplex] (B00.1)
herpes zoster (B02.8)

H62.40 Otitis externa in other diseases classified elsewhere, unspecified ear

H62.41 Otitis externa in other diseases classified elsewhere, right ear

H62.42 Otitis externa in other diseases classified elsewhere, left ear

H62.43 Otitis externa in other diseases classified elsewhere, bilateral

H65 Nonsuppurative otitis media

Includes: nonsuppurative otitis media with myringitis

Use additional code for any associated perforated tympanic membrane (H72.-)

Use additional code to identify:

exposure to environmental tobacco smoke (Z77.22)
exposure to tobacco smoke in the perinatal period (P96.81)
history of tobacco use (Z87.891)
occupational exposure to environmental tobacco smoke (Z57.31)
tobacco dependence (F17.-)
tobacco use (Z72.0)

H65.0 Acute serous otitis media

Acute and subacute secretory otitis

H65.00 Acute serous otitis media, unspecified ear

H65.01 Acute serous otitis media, right ear

H65.02 Acute serous otitis media, left ear



Chapter 9

Diseases of the circulatory system

Content

- **Code Range: I00~I99**

Chapter 9 contains the following block – 1st character is I

| | |
|--|---|
| I00-I02 Acute rheumatic fever | I30-I52 Other forms of heart disease |
| I05-I09 Chronic rheumatic heart diseases | I60-I69 Cerebrovascular diseases |
| I10-I15 Hypertensive diseases | I70-I79 Diseases of arteries, arterioles and capillaries |
| I20-I25 Ischemic heart diseases | I80-I89 Diseases of veins, lymphatic vessels and lymph nodes, not elsewhere classified |
| I26-I28 Pulmonary heart disease and diseases of pulmonary circulation | I95-I99 Other and unspecified disorders of the circulatory system |



Chapter 9

Diseases of the circulatory system

Coding Guidelines

- Hypertension no longer classified by type
- Additional code for any tobacco use or exposure

Hypertensive diseases (I10-I15)

Use additional code to identify:

- exposure to environmental tobacco smoke (Z77.22)
- history of tobacco use (Z87.891)
- occupational exposure to environmental tobacco smoke (Z57.31)
- tobacco dependence (F17.-)
- tobacco use (Z72.0)

Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)
neonatal hypertension (P29.2)
primary pulmonary hypertension (I27.0)

I10 Essential (primary) hypertension

Includes: high blood pressure
hypertension (arterial) (benign) (essential) (malignant) (primary) (systemic)

Excludes1: hypertensive disease complicating pregnancy, childbirth and the puerperium (O10-O11, O13-O16)

Excludes2: essential (primary) hypertension involving vessels of brain (I60-I69)
essential (primary) hypertension involving vessels of eye (H35.0-)



Chapter 9

Diseases of the circulatory system

Coding Guidelines

- **Hypertension, Secondary**
 - Secondary hypertension is due to an underlying condition
 - Two codes are required
 - Underlying etiology
 - Code from category I15 to identify the hypertension
 - Sequencing of codes is determined by reason for admission/encounter
- **Hypertension, Transient**
 - Assign code R03.0, Elevated blood pressure reading without diagnosis of hypertension, unless patient has an established diagnosis of hypertension
 - Assign code O13.~, Gestational hypertension without significant proteinuria, or O14.~, Pre-eclampsia, for transient hypertension of pregnancy
- **Hypertension – controlled or uncontrolled**
 - Assign appropriate code from categories I10-I15



Chapter 9

Diseases of the circulatory system

Coding Guidelines

- **Sequelae of Cerebrovascular Disease – I69**

- Category I69 is used for conditions classifiable to categories I60-I67 as the causes of sequela (neurologic deficits), themselves classified elsewhere
 - These “late effects” include neurologic deficits that persist after initial onset of conditions classifiable to categories I60-I67
 - Neurologic deficits caused by cerebrovascular disease may be present from the onset or any time thereafter
- Codes from category I69 that specify hemiplegia, hemiparesis and monoplegia identify whether the dominant or nondominant side is affected . For codes that specify laterality with dominant or nondominant, and the classification system does not indicate a default, code selection is as follows:
 - For ambidextrous patients, the default should be dominant
 - If the left side is affected, the default is non-dominant
 - If the right side is affected, the default is dominant
- History of cerebrovascular disease but no neurological deficits-Z86.73



Chapter 9

Diseases of the circulatory system

Coding Guidelines

- Angina pectoris – Category I20
- Myocardial Infarction – Categories I21-I23
 - STEMI & NSTEMI included in code titles and anatomic specificity
 - Time frame for acute MI has changed from 8 weeks or less to 4 weeks or less (within 28 day period)
 - Category I21 – Initial MI
 - Encounters related to MI that occur after 4 weeks, use aftercare code
 - Category I22 – Subsequent MI within 4 weeks of initial
 - Use with Category I21 code
 - Category I23 complication codes must also include a code from I21 or I22
- For codes in categories I20, I21 and I22, use additional code for tobacco use or exposure, if applicable
- Old MI's not requiring further care – I25.2, Old MI



Chapter 10

Diseases of the respiratory system

Instructions/Content

- **Code Range: J00-J99**

- When a respiratory condition is described as occurring in more than one site and is not specifically indexed, it should be classified to the lower anatomic site (e.g. tracheobronchitis to bronchitis in J40)
- Use additional code, where applicable, to identify tobacco use or exposure

Chapter 10 contains the following block – 1st character is J

| | |
|--|--|
| J00-J06 Acute upper respiratory infections | J80-J84 Other respiratory diseases principally affecting the interstitium |
| J09-J18 Influenza and pneumonia | J85-J86 Suppurative and necrotic conditions of the lower respiratory tract |
| J20-J22 Other acute lower respiratory infections | J90-J94 Other diseases of the pleura |
| J30-K39 Other diseases of upper respiratory tract | J95 Intraoperative and postprocedural complications and disorders of respiratory system, not elsewhere classified |
| J40-J47 Chronic lower respiratory diseases | J96-J99 Other diseases of the respiratory system |
| J60-J70 Lung diseases due to external agents | |



Chapter 10

Diseases of the respiratory system

Coding Guidelines

- **Chronic Obstructive Pulmonary Disease [COPD] and Asthma**
 - Codes in categories J44 and J45 distinguish between uncomplicated cases and those in acute exacerbation
 - Acute exacerbation is a worsening or a decompensation of a chronic condition
 - Acute exacerbation is not equivalent to an infection superimposed on a chronic condition, though an exacerbation may be triggered by an infection
 - Asthma terminology is updated to reflect current clinical classification of asthma
 - Mild intermittent
 - Mild persistent
 - Moderate persistent
 - Severe persistent
 - Intrinsic (nonallergic) and extrinsic (allergic) asthma are both classified to J45.909 – Unspecified asthma, uncomplicated



Chapter 10

Diseases of the respiratory system

Severity of Asthma Classification

Presentation of Asthma before (without) Treatment

| Type of Asthma | Symptoms | Nighttime Symptoms | Lung Function |
|---------------------|---|----------------------|--|
| Severe persistent | <ul style="list-style-type: none"> •Continual symptoms •Limited physical activity •Frequent exacerbations | Frequent | <ul style="list-style-type: none"> • FEV_1 or PEF $\leq 60\%$ predicted • PEF variability $> 30\%$ |
| Moderate persistent | <ul style="list-style-type: none"> •Daily symptoms •Daily use of inhaled short-acting β_2-agonist •Exacerbation of affect activity •Exacerbation ≥ 2 times/week ≥ 1 day(s) | > 1 time/week | <ul style="list-style-type: none"> • FEV_1 or PEF 60-80% predicted • PEF variability $> 30\%$ |
| Mild persistent | <ul style="list-style-type: none"> •Symptoms > 2 times/week but < 1 time/day •Exacerbation may affect activity | > 2 times/month | <ul style="list-style-type: none"> • FEV_1 or PEF $\geq 80\%$ predicted • PEF variability 20-30% |
| Mild intermittent | <ul style="list-style-type: none"> •Symptoms ≤ 2 times/week •Asymptomatic and normal PEF between exacerbations •Exacerbations of varying intensity are brief (a few hours to a few days) | ≤ 2 times/month | <ul style="list-style-type: none"> • FEV_1 or PEF $\geq 80\%$ predicted • PEF variability $< 20\%$ |

FEV_1 = The maximal amount of air a person can forcefully exhale over one second accounting for the variables of height, weight, and race used to denote the degree of obstruction with asthma

PEF= Peak Expiratory Flow is the maximum flow of expelled air during expiration following full inspiration (big breath in and then big breath out)

Source: National Heart, Lung, and Blood Institute - <http://www.nhlbi.nih.gov/guidelines/asthma/asthgdln.htm>



Chapter 10

Diseases of the respiratory system

Coding Guidelines

- **Influenza due to certain identified influenza viruses**
 - Code only confirmed cases of influenza due to certain identified influenza viruses (category J09), and due to other identified influenza virus (category J10)
 - “Confirmation” does not require documentation of positive laboratory testing specific for avian or other novel influenza A or other identified influenza virus
 - Coding may be based on the provider’s diagnostic statement that the client has avian influenza, or other novel influenza A, for category J09, or has another particular identified strain of influenza, such as H1N1 or H3N2, but not identified as novel or variant, for category J10
 - If the provider records “suspected” or “possible” or “probable” avian influenza, or novel influenza, or other identified influenza
 - Use the appropriate influenza code from category J11, Influenza due to unidentified influenza virus
 - Do Not assign codes from category J09 or J10



Chapter 11

Diseases of the digestive system

Content

- **Code Range: K00~K95**

Chapter 11 contains the following block – 1st character is K

| | |
|--|---|
| K00-K14 Diseases of oral cavity and salivary glands | K55-K64 Other diseases of intestines |
| K20-K31 Diseases of esophagus, stomach and duodenum | K65-K68 Diseases of peritoneum and retroperitoneum |
| K35-K38 Diseases of appendix | K70-K77 Diseases of liver |
| K40-K46 Hernia | K80-K87 Disorders of gallbladder, biliary tract and pancreas |
| K50-K52 Noninfective enteritis and colitis | K90-K95 Other diseases of the digestive system |

- Contains 2 new sections
 - Diseases of Liver
 - Disorders of gallbladder, biliary tract and pancreas



Chapter 12

Diseases of the skin and subcutaneous tissue

Content

- **Code Range: L00~L99**

Chapter 12 contains the following block – 1st character is L

| | |
|---|--|
| L00-L08 Infections of the skin and subcutaneous tissue | L55-L59 Radiation-related disorders of the skin and subcutaneous tissue |
| L10-L14 Bullous disorders | L60-L75 Disorders of skin appendages |
| L20-L30 Dermatitis and eczema | L76 Intraoperative and postprocedural complications of skin and subcutaneous tissue |
| L40-L45 Papulosquamous disorders | L80-L99 Other disorders of the skin and subcutaneous tissue |
| L49-L54 Urticaria and erythema | |



Chapter 12

Diseases of the skin and subcutaneous tissue

Coding Guidelines

- **Pressure ulcer stage codes**
 - **Pressure ulcer stages**
 - Codes from category L89, Pressure ulcer, are combination codes that identify the site of the pressure ulcer as well as the stage of the ulcer
 - Pressure ulcer stages are classified based on severity
 - Stages 1~4
 - Unspecified stage
 - Unstageable
 - Assign as many codes from category L89 as needed to identify all the pressure ulcers the client has, if applicable
- **Unstageable pressure ulcers**
 - Code assignment for unstageable pressure ulcer (L89.~~0) should be based on clinical documentation when the stage cannot be clinically determined and pressure ulcers documented as deep tissue injury but not documented as due to trauma.
 - If no documentation regarding stage, assign unspecified stage (L89.~~9).



Chapter 12

Diseases of the skin and subcutaneous tissue

Coding Guidelines

- **Documented pressure ulcer stage**
 - Assignment of the pressure ulcer stage code should be guided by clinical documentation of the stage or documentation of the terms found in the Alphabetic Index
 - Code assignment for pressure ulcer stage may be based on non-physician documentation since this information is typically documented by other clinicians involved in the care of the client (e.g., nurses)
 - Physician must document that client has pressure ulcer
 - For clinical terms describing the stage that are not found in the Alphabetic Index, and there is no documentation of the stage, the provider should be queried
- **Pressure ulcers documented as healed**
 - No code is assigned if the documentation states that the pressure ulcer is completely healed.



Chapter 14

Diseases of the genitourinary system

Content

Code Range: N00~N99

Chapter 14 contains the following block – 1st character is N

| | |
|--|---|
| N00-N08 Glomerular diseases | N40-N53 Diseases of male genital organs |
| N10-N16 Renal tubulo-interstitial diseases | N60-N65 Disorders of breast |
| N17-N19 Acute kidney failure and chronic kidney disease | N70-N77 Inflammatory diseases of female pelvic organs |
| N20-N23 Urolithiasis | N80-N98 Noninflammatory disorders of female genital tract |
| N25-N29 Other disorders of kidney and ureter | N99 Intraoperative and postprocedural complications and disorders of genitourinary system, not elsewhereclassified |
| N30-N39 Other diseases of the urinary system | |



Chapter 14

Diseases of the genitourinary system

Coding Guidelines

- **Chronic kidney disease (CKD)**
 - CKD is classified based on severity
 - The severity of CKD is designated by stages 1-5
 - Stage 2, code N18.2, equates to mild CKD
 - Stage 3, code N18.3, equates to moderate CKD
 - Stage 4, code N18.4, equates to severe CKD
 - Code N18.6, End stage renal disease (ESRD), is assigned when the provider has documented end-stage-renal disease (ESRD)
 - If both a stage of CKD and ESRD are documented, assign code N18.6 only
 - Clients who have undergone kidney transplant may still have some form of CKD because the kidney transplant may not fully restore kidney function
 - Presence of CKD alone does not constitute a transplant complication
 - Assign appropriate N18 code for the client's stage of CKD and code Z94.0, Kidney transplant status.



Chapter 15

Pregnancy, childbirth and the puerperium

Instructional Notes

- **Code Range: O00~O9A:**

- **Note:** CODES FROM THIS CHAPTER ARE FOR USE ONLY ON MATERNAL RECORDS, NEVER ON NEWBORN RECORDS
- Codes from this chapter are for use for conditions related to or aggravated by the pregnancy, childbirth, or by the puerperium (maternal causes or obstetric causes)
- Trimesters are counted from the first day of the last menstrual period. They are defined as follows:
 - 1st trimester~ less than 14 weeks 0 days
 - 2nd trimester~ 14 weeks 0 days to less than 28 weeks 0 days
 - 3rd trimester~ 28 weeks 0 days until delivery
- **Use additional** code from category Z3A, Weeks of gestation, to identify the specific week of the pregnancy
- **Excludes1:** supervision of normal pregnancy (Z34.~)
- **Excludes2:** mental and behavioral disorders associated with the puerperium (F53)
obstetrical tetanus (A34); postpartum necrosis of pituitary gland (E23.0)
puerperal osteomalacia (M83.0)



Chapter 15

Pregnancy, childbirth and the puerperium

Content

Chapter 15 contains the following blocks – 1st character is O (not zero)

| | |
|---|---|
| O00-O08 Pregnancy with abortive outcome | O60-O77 Complications of labor and delivery |
| O09 Supervision of high risk pregnancy | O80-O82 Encounter for delivery |
| O10-O16 Edema, proteinuria and hypertensive disorders in pregnancy, childbirth and the puerperium | O85-O92 Complications predominantly related to the puerperium |
| O20-O29 Other maternal disorders predominantly related to pregnancy | O94-O9A Other obstetric conditions, not elsewhere classified |
| O30-O48 Maternal care related to the fetus and amniotic cavity and possible delivery problems | |



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Instructional Notes

- **Code Range S00~T88**
- Chapter 19 uses categories beginning with “S” for coding different types of injuries related to single body regions
- Chapter 19 uses categories beginning with “T” to cover injuries to unspecified body regions as well as poisoning and certain other consequences of external causes
- For injury codes, use codes from Chapter 20, External causes of morbidity, to indicate cause of injury unless cause of injury is specified



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Content

Chapter 19 contains the following block – 1st characters are S and T

| | |
|---|---|
| S00-S09 Injuries to the head | T15-T19 Effects of foreign body entering through natural orifice |
| S10-S19 Injuries to the neck | T20-T32 Burns and corrosions |
| S20-S29 Injuries to the thorax | T20-T25 Burns and corrosions of external body surface, specified by site |
| S30-S39 Injuries to the abdomen, lower back, lumbar spine, pelvis and external genitals | T26-T28 Burns and corrosions confined to eye and internal organs |
| S40-S49 Injuries to the shoulder and upper arm | T30-T32 Burns and corrosions of multiple and unspecified body regions |
| S50-S59 Injuries to the elbow and forearm | T33-T34 Frostbite |
| S60-S69 Injuries to the wrist, hand and fingers | T36-T50 Poisoning by, adverse effect of and underdosing of drugs, medicaments and biological substances |
| S70-S79 Injuries to the hip and thigh | T51-T6 Toxic effects of substances chiefly nonmedicinal as to source |
| S80-S89 Injuries to the knee and lower leg | T66-T78 Other and unspecified effects of external causes |
| S90-S99 Injuries to the ankle and foot | T79 Certain early complications of trauma |
| T07 Injuries involving multiple body regions | T80-T88 Complications of surgical and medical care, not elsewhere classified |
| T14 Injury of unspecified body region | |



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Application of 7th Characters in Chapter 19
 - Most categories in this chapter have three **7th character values** (with the exception of fractures which have more than 3 7th character selections):
 - A~ initial encounter
 - used when client is receiving active treatment for the **condition**
 - Examples of active treatment are: surgical treatment, emergency department encounter, and evaluation and treatment by a **new** physician
 - D~ subsequent encounter
 - used for encounters after client has received active treatment of the **condition** and is receiving routine care for the **condition** during the healing or recovery phase
 - Aftercare 'Z' codes not needed when 7th character 'D' code is used
 - Examples of subsequent care are: cast change or removal, medication adjustment, aftercare and follow up visits following **treatment of the injury or condition**
 - S ~ sequela
 - use for complications or conditions that arise as a direct result of a **condition**
 - Example: scar formation after a burn ~ the scars are sequelae of the burn



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects
 - Codes in categories T36-T65 are combination codes that include the substance that was taken as well as the intent
 - These codes **do not** need an additional external cause code

T63 Toxic effect of contact with venomous animals and plants

Includes: bite or touch of venomous animal
pricked or stuck by thorn or leaf

Excludes2: ingestion of toxic animal or plant (T61.-, T62.-)

The appropriate 7th character is to be added to each code from category T63

A - initial encounter
D - subsequent encounter
S - sequela

T63.0 Toxic effect of snake venom

T63.00 Toxic effect of unspecified snake venom

- | | |
|----------------|---|
| T63.001 | Toxic effect of unspecified snake venom, accidental (unintentional) Toxic effect of unspecified snake venom NOS |
| T63.002 | Toxic effect of unspecified snake venom, intentional self-harm |
| T63.003 | Toxic effect of unspecified snake venom, assault |
| T63.004 | Toxic effect of unspecified snake venom, undetermined |



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - **Do not** code directly from the Table of Drugs and Chemicals. The Alphabetic Index will direct you to the Table of Drugs and Chemicals and then always refer back to the Tabular List
 - From the Tabular, look at the instructional notes at the beginning of the code block as well as the beginning of each category
 - Use as many codes as necessary to describe completely all drugs, medicinal or biological substances
 - If the same code would describe the causative agent for more than one adverse reaction, poisoning, toxic effect or underdosing, assign the code only once
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
 - **Adverse Effect** ~ When coding an adverse effect of a drug that has been correctly prescribed and properly administered
 - assign the appropriate code for the nature of the adverse effect
 - » Examples: Tachycardia, delirium, vomiting
 - followed by the appropriate code for the adverse effect of the drug (T36-T50)



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

Poisoning by, adverse effects of and underdosing of drugs, medicaments and biological substances (T36-T50)

Includes: adverse effect of correct substance properly administered
poisoning by overdose of substance
poisoning by wrong substance given or taken in error
underdosing by (inadvertently) (deliberately) taking less substance than prescribed or instructed

Code first , for adverse effects, the nature of the adverse effect, such as:
adverse effect NOS (T88.7)
aspirin gastritis (K29.-)
blood disorders (D56-D76)
contact dermatitis (L23-L25)
dermatitis due to substances taken internally (L27.-)
nephropathy (N14.0-N14.2)

Note: The drug giving rise to the adverse effect should be identified by use of codes from categories T36-T50 with fifth sixth character 5.

Use additional code(s) to specify:
manifestations of poisoning
underdosing or failure in dosage during medical and surgical care (Y63.6, Y63.8-Y63.9)
underdosing of medication regimen (Z91.12-, Z91.13-)

Excludes1: toxic reaction to local anesthesia in pregnancy (O29.3-)

Excludes2: abuse and dependence of psychoactive substances (F10-F19)
abuse of non-dependence-producing substances (F55.-)
drug reaction and poisoning affecting newborn (P00-P96)
pathological drug intoxication (inebriation) (F10-F19)



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
(cont'd)
 - **Poisoning**-When coding a poisoning or reaction to the improper use of a medication (e.g., overdose, wrong substance given or taken in error, wrong route of administration)
 - First assign the appropriate code from categories T36-T50
 - » The poisoning codes have an associated intent as their 5th or 6th character (accidental, intentional self-harm, assault and undetermined)
 - Use additional code(s) for all manifestations of poisonings
 - If there is also a diagnosis of abuse or dependence of the substance, the abuse or dependence is assigned as an additional code

T40.0x2A Poisoning by opium, intentional self-harm, first encounter

F11.121 Opioid abuse with intoxication delirium



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows:
(cont'd)
 - Examples of **Poisoning**:
 - Errors made in drug prescription or in the administration of the drug by provider, nurse, patient, or other person
 - Overdose of a drug intentionally taken or administered that results in drug toxicity
 - Nonprescribed drug or medicinal agent (e.g., NyQuil) taken in combination with correctly prescribed and properly administered drug - any drug toxicity or other reaction resulting from the interaction of the two drugs would be classified as a poisoning
 - Interaction of drug(s) and alcohol causing a reaction would be classified as a poisoning



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adverse Effects, Poisoning, Underdosing and Toxic Effects (cont'd)
 - The occurrence of drug toxicity is classified in ICD-10-CM as follows: (cont'd)
 - **Underdosing**
 - Taking less of a medication than is prescribed by a provider or a manufacturer's instruction
 - For underdosing, assign the code from categories T36-T50 (fifth or sixth character "6")
 - Example: T38.2X6- Underdosing of antithyroid drugs
 - Codes for underdosing should never be assigned as first-listed codes
 - If a patient has a relapse or exacerbation of the medical condition for which the drug is prescribed because of the reduction in dose, then the medical condition itself should be coded (e.g., Goiter develops)
 - Noncompliance (Z91.12~, Z91.13~) or complication of care (Y63.8-Y63.9) codes are to be used with an underdosing code to indicate intent, if known
- Z91.130 Patient's unintentional underdosing of medication regimen due to age-related debility
- Y63.8 Failure in dosage during other surgical and medical care



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Adult and child abuse, neglect and other maltreatment
 - Sequence first the appropriate code from one of the following categories for abuse, neglect and other maltreatment :
 - T74.~ Adult and child abuse, neglect and other maltreatment, confirmed
 - T76.~ Adult and child abuse, neglect and other maltreatment, suspected
 - Any accompanying mental health or injury code(s) are additional codes
 - If the documentation in the medical record states abuse or neglect, it is coded as confirmed (T74.~)
 - For cases of confirmed abuse or neglect, an external cause code from the assault section (X92-Y08) should be added to identify the cause of any physical injuries
 - X94.0xxA Assault by shotgun
 - A perpetrator code (Y07) should be added when the perpetrator of the abuse is known
 - Y07.01 Husband, perpetrator of maltreatment and neglect



Chapter 19

Injury, poisoning, and certain other consequences of external causes Coding Guidelines

- Adult and child abuse, neglect and other maltreatment
 - If the documentation in the medical record states suspected abuse or neglect, it is coded as suspected (T76.~)
 - For suspected cases of abuse or neglect, do not report external cause or perpetrator code
 - If a suspected case of abuse, neglect or mistreatment is ruled out during an encounter, assign one of the following codes (do not use (T76.~):
 - Z04.71 Encounter for examination and observation following alleged physical adult abuse, ruled out
 - Z04.72 Encounter for examination and observation following alleged child physical abuse, ruled out
 - If a suspected case of alleged rape or sexual abuse is ruled out during an encounter, assign one of the following codes (do not use (T76.~):
 - Z04.41 Encounter for examination and observation following alleged physical adult abuse, ruled out
 - Z04.42, Encounter for examination and observation following alleged rape or sexual abuse, ruled out



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Complications of Care
 - Documentation of complications of care
 - Code assignment (key word, “Complication”) is based on the provider’s documentation of the relationship between the condition and the care or procedure
 - The guideline extends to any complications of care, regardless of the chapter the code is located in
 - **Example:** T85.84 xA Pain due to internal prosthetic devices, implants and grafts, not elsewhere classified, initial encounter
 - It is important to note that not all conditions that occur during or following medical care or surgery are classified as complications
 - There must be a cause-and-effect relationship between the care provided and the condition, and
 - an indication in the documentation that it is a complication
 - Query the provider for clarification, if the complication is not clearly documented



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Complications of Care (cont'd)
 - Pain due to medical devices, implants or grafts left in a surgical site (e.g., hip prosthesis)
 - Assign to the appropriate code(s) found in Chapter 19
 - Specific codes for pain due to medical devices are found in the T code section
 - Use additional code(s) from category G89 to identify acute or chronic pain due to presence of the device, implant or graft (G89.18 or G89.28)
 - Transplant complications other than kidney
 - Codes under category **T86, Complications of transplanted organs and tissues**, are for use for both complications and rejection of transplanted organs
 - A transplant complication code is only assigned if the complication affects the function of the transplanted organ. Two codes are required to fully describe a transplant complication:
 - Appropriate code from category T86
 - Secondary code that identifies the complication
 - Pre-existing conditions or conditions that develop after the transplant are not coded as complications unless they affect the function of the transplanted organs



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Complications of Care (cont'd)
 - Kidney transplant complications
 - Clients who have undergone kidney transplant may still have some form of chronic kidney disease (CKD) because the kidney transplant may not fully restore kidney function
 - Code T86.1- should be assigned for documented complications of a kidney transplant, such as transplant failure or rejection or other transplant complication
 - Code T86.1- should not be assigned for post kidney transplant patients who have CKD unless a transplant complication such as transplant failure or rejection is documented
 - If the documentation is unclear as to whether the patient has a complication of the transplant, query the provider
 - For conditions that affect the function of the transplanted kidney, other than CKD
 - Assign a code from subcategory, **T86.1, Complications of transplanted organ, Kidney**
 - Assign a secondary code that identifies the complication



Chapter 19

Injury, poisoning, and certain other consequences of external causes

Coding Guidelines

- Complications of Care (cont'd)
 - Complication codes that include the external cause
 - Some of the complications of care codes have the external cause included in the code
 - The code includes the nature of the complication as well as the type of procedure that caused the complication

T82.6 Infection and inflammatory reaction due to cardiac valve prosthesis

Use **additional** code to identify infection

- No external cause code indicating the type of procedure is necessary for these codes
- Complications of care codes within the body system chapters
 - Intraoperative and post-procedural complication codes are found within the body system chapters with codes specific to the organs and structures of that body system
 - These codes should be sequenced first
 - Additional code(s) for the specific complication should be coded, if applicable



Chapter 20

External Causes of Morbidity

Instructional Notes

- This chapter permits the classification of environmental events and circumstances as the cause of injury, and other adverse effects
 - Where a code from this section is applicable, it is intended that it shall be used secondary to a code from another ICD-10-CM Chapter where the nature of the condition is indicated
 - Most often, the condition will be classifiable to **Chapter 19, Injury, poisoning and certain other consequences of external causes (S00-T88)**
 - Other conditions that may be stated to be due to external causes are classified in Chapters 1-18
 - For these conditions, codes from Chapter 20 should be used to provide additional information as to the cause of the condition
- There is no national requirement for reporting external cause codes



Chapter 20

External Causes of Morbidity

Content

- **Code Range V00~Y99**

Chapter 20 contains the following block – 1st characters are V, W, X, Y

| | | | |
|---------|---|---------|--|
| V00-X58 | Accidents | V70-V79 | Bus occupant injured in transport accident |
| V00-V99 | Transport accidents | V80-V89 | Other land transport accidents |
| V00-V09 | Pedestrian injured in transport accident | V90-V94 | Water transport accidents |
| V10-V19 | Pedal cycle rider injured in transport accident | V95-V97 | Air and space transport accidents |
| V20-V29 | Motorcycle rider injured in transport accident | V98-V99 | Other and unspecified transport accidents |
| V30-V39 | Occupant of three-wheeled motor vehicle injured in transport accident | W00-X58 | Other external causes of accidental injury |
| V40-V49 | Car occupant injured in transport accident | W00-W19 | Slipping, tripping, stumbling and falls |
| V50-V59 | Occupant of pick-up truck or van injured in transport accident | W20-W49 | Exposure to inanimate mechanical forces |
| V60-V69 | Occupant of heavy transport vehicle injured in transport accident | W50-W64 | Exposure to animate mechanical forces |



Chapter 20

External Causes of Morbidity

Content

Chapter 20 contains the following block (cont'd) – 1st characters are V, W, X, Y

| | | | |
|---------|--|---------|--|
| W65-W74 | Accidental non-transport drowning and submersion | Y21-Y33 | Event of undetermined intent |
| W85-W99 | Exposure to electric current, radiation and extreme ambient air temperature and pressure | Y35-Y38 | Legal intervention, operations of war, military operations, and terrorism |
| X00-X08 | Exposure to smoke, fire and flames | Y62-Y84 | Complications of medical and surgical care |
| X10-X19 | Contact with heat and hot substances | Y62-Y69 | Misadventures to patients during surgical and medical care |
| X30-X39 | Exposure to forces of nature | Y70-Y82 | Medical devices associated with adverse incidents in diagnostic and therapeutic use |
| X52-X58 | Accidental exposure to other specified factors | Y83-Y84 | Surgical and other medical procedures as the cause of abnormal reaction of the patient, or of later complication, without mention of misadventure at the time of the procedure |
| X71-X83 | Intentional self-harm | Y90-Y99 | Supplementary factors related to causes of morbidity classified elsewhere |
| X92-Y08 | Assault | | |



Chapter 20

External Causes of Morbidity

Coding Guidelines

- General External Cause Coding Guidelines
 - Used with any code in the range of A00.0-T88.9, Z00-Z99 that is a health condition due to an external cause
 - Though they are most applicable to injuries, they are also valid for use with such things as infections or diseases due to an external source, and other health conditions, such as a heart attack that occurs during strenuous physical activity
 - External cause code used for length of treatment
 - Assign the external cause code, with the appropriate 7th character (initial encounter, subsequent encounter or sequela) for each encounter for which the injury or condition is being treated
 - Use the full range of external cause codes
 - Completely describe the cause, the intent, the place of occurrence, and if applicable, the activity of the patient at the time of the event, and the patient's status, for all injuries, and other health conditions due to an external cause



Chapter 20

External Causes of Morbidity

Coding Guidelines

- General External Cause Coding Guidelines (cont'd)
 - Assign as many external cause codes as necessary to fully explain each cause
 - Selection of appropriate external cause code(s) is guided by the Alphabetic Index of External Causes and by Inclusion and Exclusion notes in the Tabular List
 - An external cause code can never be a first-listed diagnosis
 - Certain external cause codes are combination codes that identify sequential events that result in an injury
 - Example: A fall which results in striking against an object
 - The injury may be due to either event or both
 - The combination external cause code used should correspond to the sequence of events regardless of which caused the most serious injury
 - External cause codes are not needed if the external cause and intent are included in a code from another chapter
 - Example: T36.OX1~ Poisoning by penicillins, accidental (unintentional)



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Place of Occurrence Guideline
 - Codes from category **Y92, Place of occurrence of the external cause**, are secondary codes for use after other external cause codes to identify the location of the patient at the time of injury or other condition
 - A place of occurrence code is used only once, at the initial encounter for treatment
 - No 7th characters are used for Y92
 - Only one code from Y92 should be recorded on a medical record
 - Do not use place of occurrence code **Y92.9, Unspecified place or not applicable**, if the place is not stated or is not applicable
 - A place of occurrence code should be used in conjunction with an activity code, Y93
 - Example: **Y93.01 Activity, walking, marching and hiking**



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Activity Code

- Assign a code from category Y93, Activity code, to describe the activity of the patient at the time the injury or other health condition occurred
- An activity code is used only once, at the initial encounter for treatment
- Only one code from Y93 should be recorded on a medical record
- An activity code should be used in conjunction with a place of occurrence code, Y92
- The activity codes are not applicable to poisonings, adverse effects, misadventures or **sequela**
- Do not assign **Y93.9, Unspecified activity**, if the activity is not stated
- A code from category Y93 is appropriate for use with external cause and intent codes if identifying the activity provides additional information about the event



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Place of Occurrence, Activity, and Status Codes Used with other External Cause Code
 - When applicable, place of occurrence, activity, and external cause status codes are sequenced after the main external cause code(s)
 - Regardless of the number of external cause codes assigned, there should be only one place of occurrence code, one activity code, and one external cause status code assigned to an encounter
- If the Reporting Format Limits the Number of External Cause Codes
 - Report the code for the cause/intent most related to the reason for the encounter
 - If the format permits capture of some additional external cause codes, the cause/intent, including medical misadventures, of the additional events should be reported rather than the codes for place, activity, or external status



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Initial encounters generally require four secondary codes from Chapter 20
 - External cause codes – utilize 7th character extension
 - Initial encounter (A)
 - Subsequent encounter (D)
 - Sequelae (S)
 - Example: **X11.xxxA Contact with hot tap water**
 - Place of Occurrence – initial encounter only
 - Example: **Y92.210 Daycare center as the place of occurrence of the external cause**
 - Activity Code – initial encounter only
 - Example: **Y93.D9 Activity, involving other arts and handcrafts**
 - External Cause Status – initial encounter only
 - Example: **Y99.8 Other external cause status (includes Student activity)**



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Multiple External Cause Coding Guidelines
 - More than one external cause code is required to fully describe the external cause of an illness **or** injury
 - The assignment of external cause codes should be sequenced in the following priority:
 - If two or more events cause separate injuries, an external cause code should be assigned for each cause
 - The first-listed external cause code will be selected in the following order:
 - External codes for child and adult abuse take priority over all other external causes
 - External cause codes for terrorism events take priority over all other external cause codes except child and adult abuse
 - External cause codes for cataclysmic events take priority over all other external cause codes except child and adult abuse and terrorism
 - External cause codes for transport accidents take priority over all other external cause codes except cataclysmic events, child and adult abuse and terrorism
 - Activity and external cause status codes are assigned following all causal (intent) external cause codes
 - The first-listed external cause code should correspond to the cause of the most serious diagnosis due to an assault, accident, or self-harm, following the order of hierarchy listed above



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Child and Adult Abuse Guideline
 - Adult and child abuse, neglect and maltreatment are classified as assault
 - Any of the assault codes may be used to indicate the external cause of any injury resulting from the confirmed abuse
 - For confirmed cases of abuse, neglect and maltreatment, when the perpetrator is known, a code from **Y07, Perpetrator of maltreatment and neglect**, should accompany any other assault codes
- Unknown or Undetermined Intent Guideline
 - If the intent (accident, self-harm, assault) of the cause of an injury or other condition is unknown or unspecified, code the intent as accidental intent
 - All transport accident categories assume accidental intent
 - External cause codes for events of undetermined intent are only for use if the documentation in the record specifies that the intent cannot be determined



Chapter 20

External Causes of Morbidity

Coding Guidelines

- *Sequelae* (Late Effects) of External Cause Guidelines
 - *Sequelae* external cause codes are reported using the external cause code with the 7th character “S” for sequela
 - These codes should be used with any report of a late effect or sequela resulting from a previous injury
 - A sequela external cause code should never be used with a related current nature of injury code
 - Use a late effect external cause code for subsequent visits when a late effect of the initial injury is being treated
 - Do not use a late effect external cause code for subsequent visits for follow-up care (e.g., to assess healing, to receive rehabilitative therapy) of the injury when no late effect of the injury has been documented



Chapter 20

External Causes of Morbidity

Coding Guidelines

- Terrorism Guidelines

- When the cause of an injury is identified by the Federal Government (FBI) as terrorism, the first-listed external cause code should be a code from category Y38, Terrorism
 - The definition of terrorism employed by the FBI is found at the inclusion note at the beginning of category Y38
 - Use additional code for place of occurrence (Y92.-)
 - More than one Y38 code may be assigned if the injury is the result of more than one mechanism of terrorism
- When the cause of an injury is suspected to be the result of terrorism a code from category Y38 should not be assigned
 - Suspected cases should be classified as assault
- Assign code **Y38.9, Terrorism, secondary effects**, for conditions occurring subsequent to the terrorist event (i.e, not due to the initial terrorist act)
- It is acceptable to assign code Y38.9 with another code from Y38 if there is an injury due to the initial terrorist event and an injury that is a subsequent result of the terrorist event



Chapter 20

External Causes of Morbidity

Coding Guidelines

- **Y99 External cause status**

- A code from Y99 should be assigned whenever any other external cause code is assigned for an encounter, including an Activity code, unless otherwise noted below
- Assign a code from Y99 to indicate the work status of the person at the time the event occurred
 - The status code indicates whether the event occurred during military activity, whether a non-military person was at work, whether an individual including a student or volunteer was involved in a non-work activity at the time of the causal event
- A code from Y99 should be assigned, when applicable, with other external cause codes, such as transport accidents and falls
- Y99 codes are not applicable to poisonings, adverse effects, misadventures or late effects
- Do not assign a Y99 code if no other external cause codes (cause, activity) are applicable for the encounter
- A Y99 code is used only once, at the initial encounter for treatment
- Do not assign code **Y99.9, Unspecified external cause status**, if the status is not stated.



Part 4

True/False Quiz

1. Before coding HIV positive, there must be a positive serology or culture for HIV in the client's record
2. If the documentation states the client has AIDS, always code B20, HIV disease
3. All neoplasms are coded in Chapter 2
4. Only one Diabetes Mellitus code can be assigned for each encounter
5. Type 2 Diabetes Mellitus is the default if Type is not documented
6. Code Z79.4, Long-term (current) use of insulin, is always used for all 5 categories of Diabetes Mellitus
7. If Obesity is coded, the BMI must always be coded as well



Part 4

True/False Quiz

8. Most codes in Chapter 7, Diseases of the Eye and Adnexa, include anatomic site and/or laterality
9. Hypertension is no longer classified by type such as benign, malignant or unspecified hypertension
10. If a 3 year old male falls down the steps and breaks a leg, the fracture will be coded from Chapter 13, Diseases of the Musculoskeletal System and Connective Tissue
11. All codes in Chapter 19 require an external cause code(s)
12. For adverse effects due to drugs or chemicals, always begin with the Table of Drugs and Chemicals
13. The Table of Drugs and Chemicals is used to identify Chapter 20 codes
14. Codes from Chapter 20 are used only with injury codes
15. I sure am glad this is my last True/False Quiz!!



Part 4

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

| # | Scenario/Diagnosis | Answer |
|---|---|--------|
| 1 | 30-month old girl born full term but whose birth weight demonstrated intrauterine growth restriction. She was referred for a developmental assessment given concerns about expressive language and feeding difficulties. Child has a history of failure to thrive. She continued to have feeding difficulties but demonstrated stable weight gain. Acid reflux was diagnosed and medication was prescribed. Delayed gastric emptying was also diagnosed and medication was prescribed for that. Child has continued to resist some feedings and demonstrates a very poor appetite even if she is willing to accept the first bite. Assessment demonstrated significant delay in expressive language, mild delays in fine motor skills, receptive language, and overall cognitive skills. Volume limiting (self) was observed during mealtime but no oral-motor dysfunction was noted. | |
| 2 | 2 yr old with Ullrich-Turner Syndrome was started on Androgen 3 days ago and is seen today for a rash that started out on face and stomach and has spread to arms and back. The mother reports no other changes in the child's diet or environmental factors so the Androgen was discontinued due to the adverse effect from the medication. The child developed AIDS in utero, has juvenile diabetes mellitus and insulin is administered via an insulin pump, and moderate nonproliferative diabetic retinopathy. The child will undergo surgery for a brain stem glioma in one week. | |



Part 4

Coding Exercises

Use the Coding Steps to Code the following scenarios/diagnoses

| # | Scenario/Diagnosis | Answer |
|---|---|--------|
| 3 | 21-month old male born full-term and perinatal period was uncomplicated other than poor feeding. Subsequent concerns about visual tracking arose and imaging studies demonstrated abnormalities with central nervous system. He has been diagnosed with obstructive hydrocephalus, cortical visual impairment, strabismus, feeding difficulties, oropharyngeal dysphagia, and developmental delays. Child has undergone placement of VP-shunt and strabismus surgery. | |
| 4 | 6-month old male initially seen last week for delays in physiological development. During the assessment, multiple bruises on buttocks and external genitalia were identified. DSS was contacted for suspected child abuse, physical & sexual. The mother and child are seen today in follow-up to the suspected abuse. The mother confirms that the biological father has been physically abusing the child. | |
| 5 | 8-month old girl enrolled in the NC ITP with establishing condition of unilateral sensorineural hearing loss. She failed her newborn hearing screening x2 and was referred to UNC for an ABR. An MRI was performed and MOC reports that some “brain damage” was noted. She stated that she has been told that it was possibly due to a virus such as CMV. Child was already receiving direct PT for gross motor delays. Evaluation report noted low muscle tone too. Upon enrollment, review of medical records indicates mild-to-moderate hearing loss in right ear along with MRI findings of encephalomalacia involving of white matter in the anterior temporal lobes as well as mildly hypoplastic cerebellar vermis. Child noted to have probable delayed motor skills upon enrollment. | |



Questions

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